

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8432	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name THOMAS G. PRYCE P.O. Box, Bldg., Room No., if any Street 412 39TH ST. City NIAGARA FALLS State NEW YORK ZIP Code + 4 14303	4. Name, file number, and address of labor organization. Name IRON WORKERS LOCAL 9 Labor Organization File Number 034859 P.O. Box, Building and Room Number, if any Street 412 39TH ST. City NIAGARA FALLS State NEW YORK ZIP Code + 4 14303
5. Position in labor organization. BUSINESS MANAGER, TRUSTEE	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Thomas G. Pryce*

On 8-10-05
Date

716-285-5738
Telephone Number

Name of Person Filing	THOMAS G. PRYCE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BLITMAN + KING LLP
Trade Name, if any:
P.O. Box, Bldg., Room No., if any SUITE 300
Street 443 NORTH FRANKLIN ST.
City SYRACUSE
State NEW YORK ZIP Code + 4 13204

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRON WORKERS WESTERN NY FUNDS
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 3445 WINTON PLACE
City ROCHESTER
State NEW YORK ZIP Code + 4 14623

11.a. Nature of such dealing.

LEGAL COUNSEL

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

TRUSTEE DINNER

12.b. Amount.

67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	THOMAS G. PRYCE	File Number U-
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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MANNING + NAPIER ADVISORS</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>290 WOODCLIFF DRIVE</u></p> <p>City <u>FAIRPORT</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>14450</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>IRON WORKERS WESTERN NY FUNDS</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>3445 WINTON PLACE</u></p> <p>City <u>ROCHESTER</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>14623</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>FOOTBALL TICKETS</u> <u>GOLF</u></p> <p>12.b. Amount. <u>325</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>KARPUS INVESTMENT MANAGEMENT</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>183 SULLY'S TRAIL</u></p> <p>City <u>PITTS FORD</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>14534</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>IRON WORKERS WESTERN NY FUNDS</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>3445 WINTON PLACE</u></p> <p>City <u>ROCHESTER</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>14623</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>INVESTMENT MANAGER</u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>FOOTBALL TICKETS</u></p> <p>12.b. Amount. <u>135</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

Name of Person Filing

THOMAS G. PRYCE

File Number U-

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

REIMBURSED EXPENSES FOR
EDUCATIONAL CONFERENCE13.b. Is the Business an Employer ☒or Consultant ☐

?

14.b. Amount of payment.

\$2,056